



Fee Only

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Colin M. Kernan
Serial No. : 10/686,498
For: DETACHABLE POWER SUPPLY APPARATUS
Filed: October 15, 2003
Examiner: Alexander Gilman
Art Unit: 2833
Confirmation No. : 3539
Customer No. : 27,623
Attorney Docket No.: 883.0059USU

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In reply to an Office Action dated August 6, 2004, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/686498

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <u>20</u>	Minus	** <u>20</u> =
Independent	* <u>4</u>	Minus	*** <u>3</u> = <u>1</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	<u>395.00</u>
X\$ 9=	
X\$ 44=	
+150=	
TOTAL	

RATE	FEE
BASIC FEE	<u>790.00</u>
X\$ 18=	
X\$ 88=	
+300=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X\$ 44=	
+150=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 18=	
X\$ 88=	<u>\$ 88</u>
+890=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X\$ 44=	
+150=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 18=	
X\$ 88=	
+890=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X\$ 44=	
+150=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 18=	
X\$ 88=	
+890=	
TOTAL ADDIT. FEE	